MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	04226	CERTIFICAT	E OF DEATH	042	26		
1.	o. COUNTY / O. Chart	MARYLAND	2. USUAL RESIDENCE (Where deco	eosed lived, if institution: Residen b. COUNTY	ce before odmission)		
	b. CITY OR TOWN (If outside corporate lin write-RURAL ond give nearest town)	c. LENGTH OF STAY IN 16 24 Clays.	c. CITY OR TOWN (If outside corp	orote limits, write RURAL ond give (rural)	e neorest town)		
7	d. NAME OF HOSPITAL OR INSTITUTION (IF	Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES A NO		
L	NAME OF OFCEASED (Type or print) SEX 6. COLOR OR RACE	First Middle	Lost 4. DAT OF DEA	4.9	Doy Year 19 7 1 YEAR 1 IF UNDER 24 HRS.		
	male white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	4/30/1902	64 birthdoy) Months yrs.	Doys Hours Min.		
d	Oo. USUAL OCCUPATION (Give kind of work do uring most of working life, eyen if retired) Operator, neavy e	INDUSTRY	(asey, Ill.	r foreign country) 12. CI	TIZEN OF WHAT		
	3. FATHER'S NAME Martin L. Adkin		14. MOTHER'S MAIDEN NAME Donna Kinsl				
	(S. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no, or unknown) (If yes give wor or dote **REALTH TO THE TO		INFORMANT s. C. Russell A	dkins, Easton,			
	Conditions, if ony, which gove	Warred Coll	Covernond to be	~ys.	INTERVAL BETWEEN ONSET ANO DEATH		
CEDTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMEO? YES NO		
		205. DESCRIBE HOW INJURY OCCURRED					
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeon Hour o.m. p.m.	While of work of a grown of a	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	f. (City or town) (Co	unty) (Stote)		
	21. I certify that (I) (this has tall attended the deceased from, 19, ta, 19, that (I) (we) las saw the deceased alive an and that death accurred at M, fram causes and an the date stated above						
	220. SIGNATURE EU	Gent.	A.D. PHYS. MED. DIRECTO	STAFF A IN	The file		
1	22c. PHYSICIAN'S NAME (Type)	H. Schmidt	22d. ADD & Conto	in Mayle	nd		
2	230. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 3/13/	1967 Spring Hill		Easton, Md.	(County) (Stote)		
	24. FUNERAL DIRECTOR L. Dew	nound Son Extonor,	MAR 1 5	1967 SSD REGISTRAR'S	SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remayarearban papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in any eyent, within 72 hours after death

VR A15 (4) 20 M 1/66

to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal Page 4 may be retained by the haspital ar attending physician.

TO THE The second of th Stephen In the sale Plend Cell armond in and whole to lungs THE A PERSON NAMED OF PERSON OF THE PERSON O Company X Meller Seller Center Monter Elt Schmidt

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04227 CERTIFICA	TE OF DEATH 04227
	1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Easton 20-1
1	HOUSE IN THE PINES * EASTON	RECORDER NO NO
	(1) po or printy	BREININGER 4. DATE Month Day Year 3-29-67 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-13-1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Days Hours Min. Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME Joel Breininger	Susannah Kutz
	(Vac me av umbourn) 1/16 was nine was as debas of coming)	7. INFORMANT Address Ars. Belle Andrews, Hurlock, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	Reart Parlure Interval Between onset and Death Unknown Reart Luce and
3	□ OR CONTRIBUTING □ CAUSE OF DEATH	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ZOC. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 120e, I	PLACE OF INJURY (Home, farm, cotory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive pn 19, and t	, 19 , to , 19 , that (I) (we) last that death occurred at / / / · M, from the causes and on the date stated above.
	220. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS Caston, Md.
/	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Removal Burish 4/1/1967 Fairview (23. FUNERAL DIRECTOR ADDRESS Marial E Newnam & Son East	1 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE COMMAR 3 1 1967 (Clearles Judge)

by the funeral death. and 2 death. TO FUNERAL OIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fi director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after a should be filed with the State Dept. 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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中国 1000 Company of the state of the sta and the said. and the second of the second o Charles of the . or constitution with the control of t The same of the sa

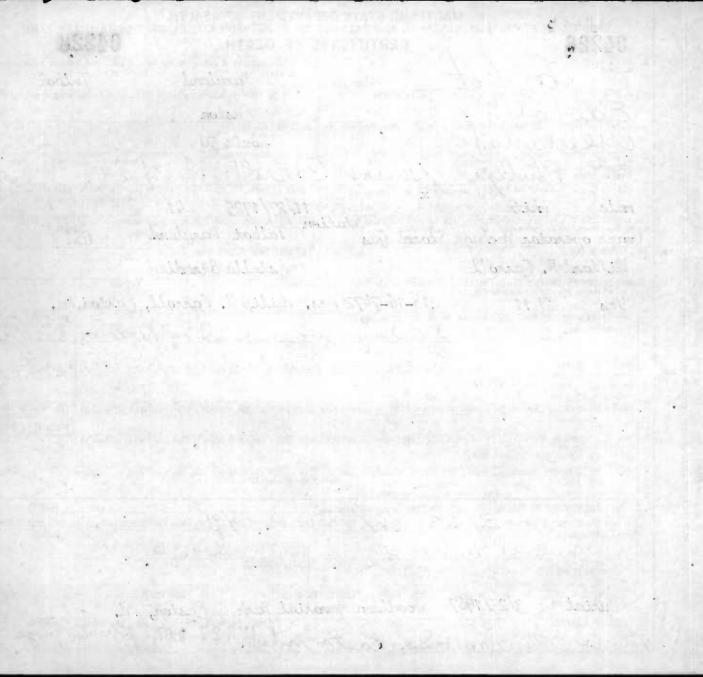
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician enotompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathn. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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		MARYLAND ST	TATE DEP	ARTM	ENT OF	HEALTH		
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1	MARYLAND
04228		RESEARCH AND CERT	IFICATE	OF	DEATH		04	228

1. PLACE DF DEATH 2001	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE 41
MARYLAND	Maryland Talbot
b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_castou 1	Caston 20-1
NAME OF HDSPITAL DR INSTITUTION of not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
allewariaf ,	Rowte 50 YES NO X
3. NAME DF DECEASED (Type or print) Pulp First Middle Cury (Type or print)	Correll 4. DATE OF Month Day Year 1967
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24HRS.
male white WIDOWED DIVORCED	11/27/1925 41 vrs
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Ounce operator Package Stones Gas	Talbox Maryland 1984
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Willard F. Carroll	Estella Stradley
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17.	INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	rs. Philip H. Carroll, Easton, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cute my	ocardial infarction 3-20-67
4201 DUE TO .	0 + . 0 + 1. 71
Conditions, If any, which (b) Untercosc	levolic heart district
gave rise to immediate cause (a), stating the DUE TD	Ce.
underlying cause last. (c)	26.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
ICAT	YES ND
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CDNTRIBUTING CAUSE DF DEATH	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Co.t.	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. p.m. 19 While at work at work	ny, sitest, onice bidg., etc./
21. I certify that (I) (this hospital) attended the deceased from	, 19 , to , 19 , that (I) (we) last
	at death occurred at # 5M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
DO + IN TER OF	ATTENDING MED. STAFF
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 122d. ADDRESS
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVALISEICHY) 3/25/1967 Woodlaun Men	
24. FUNERAL DIRECTOR ADDRESS	M 25a . REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Mayrine Moura at Son Ent	DATE DATE 27 1967 Charles Judge
- Communication and Carlo	I DAIL

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04229	CERTIFICATE	OF DEATH	04229
	PLACE OF DEATH a. COUNTY / a/bat	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o. STATE Manyland	f institution: Residence before odmission) b. COUNTY Talbot
	b. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, Trappe (run	al) 20-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospital, give street address)	d. street address	e. IS RESIDENCE ON A FARM? YES \ NO \[\infty
	NAME OF DECEASED (Type or print)	n mc Danie	Arroll 4. DATE OF DEATH	Manth Day, Year 3 16 19 6 7
7	rale white w	MARRIED NEVER MARRIED	8. DATE OF BIRTH 4/20/1883 9. AGE (In 803) bir	thday) Months Days Haurs Min.
dur	n. USUAL OCCUPATION (Give kind of wark done ing-most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or fareign coun Talbot Maryland	(COUNTY)
	FATHER'S NAME Jeremiah Carroll		14. MOTHER'S MAIDEN NAME Annie Trice	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) (If yes give war ar dates of serv	ina)	NFORMANT S. William M. Carrol	
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) USE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (b) (c)	acute myora	rial infanction	INTERVAL BETWEEN ONSET AND DEATH Theory
CERTIFICATION			THE TERMINAL DISEASE CONDITION GIVEN IN PAR	YES NO
L CERTIF	20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Part I ar Port II of iter	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	
		1) attended the deceased fram	, 19, ta t death accurred at // 65_ M, fram	
	22a. SIGNATURE "Recent W. 22c. PHYSICIAN'S NAME (Type)	Trever M.	D. ATTENDING MED. ST. DIRECTOR PH 22d. ADDRESS	
	a. BURIAL, CREMATION, 23b. DATE THEREOI REMOVAL (Specify) 3/19/196	67 Landing Neck	Nemetery Easton	2. Md.
7	4. FUNERAL DIRECTOR	ADDRESS S	MAR 2 0 1967	25b REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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Waster Inch	
	931
	+ 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04230 CERTIFICAT	E OF DEATH 04230
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1albot MARYLAND	NTISTAL LOND B. COUNTY ROLT TO LET VIST
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Easton 25 hrs.	1) EN TON 15.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Memorial Hospital	ON A FARM? YES \(\sum \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3. NAME OF DECEASED (Type or print)	Last 4. DATE Month Day Year DEATH 3 28 1967
E CEY	8 DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 ARS.
WIDOWED DIVORCED	JULY 1 1897 Jast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	MARYLAND COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JK. 1805, G-KEENLLY	NELLIE CLARK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unkown) (If yes give war or dates of service) 17.	JAS. R. CHAFFENCH DENTE
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1	2 < 10 2 - INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myocarcle	ed mkareleon humeriote
4201 DUE TO	The state of the s
Conditions, If any, which) (b) delice selections	colir tembro Vosal
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 tweleve Till his	YES NO
2Da. ACCIDENT WAS UNDERLYING 1 COLOR OF CONTRIBUTION OF COUNTRIBUTION OF CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20e. PLAN 20e. PL	17, Street, Onice blug., etc.)
21. I certify that (I) (this hospital) attended the deceased from	2/ 19/2 to 3 - 23 , 19/2 /that (I) (we) last
	death occurred at 602 M, from the causes and on the date stated above.
222. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
M.D	PHYS. DIRECTOR PHYS. D 24 6
MAME Type M Regel	22d. ADDRESS STREET MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL/DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(harby horse Deton	DAMAR 2.9 1967 getween Judge
	TOUR IN ED ADDIT HE

KESTAS WELLER CLINEK . MITTERS (F. HOUSEPERSON) PRINCE ! CONTRACT OF THE CONTRACTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #11 infor. taken CERTIFICATE Item #23b.c & d requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) filled in by the funeral papers. Pages Land a. COUNTY after MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carporate limits, haurs (write RURAL and nive negrest fown) e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hin 72 YES NO 3. NAME OF 4. DATE Manth Middle Day Year remave carban Pirs t Lost completely DECEASED 1960 (Type ar print) DEATH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours any OLL WIDOWED DIVORCED a INTERNIS. pup 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY 2 please during most of warking life, even if retired) INDUSTRY ond Chestertown, Kent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, attending phys permit. Then p irmel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, na. or unknown) I(If yes give war ar dates of service) ar crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by physician. DUF TO burial, a Canditians, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse the prior ta has been last. OS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The CERTIFICATION YES D NO TO FUNERAL DIRECTOR: After this certificate the haspital ar for 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Nat While at work at wark pe 21. I certify that (1) (this/hospital) attended the deceased fram ta that (I) (we) last shauld and that death accurred at 4-2 M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF DIRECTOR M.D. PHYS be filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23h. DATE THEREOF 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Sandtown Cemetery sboro Talb Co.Md.

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

ADDRESS

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE The first of the second second

OF STATISTICAL DESEADON AND DECORDS 201 W DECTON CIDERT RAITIMORE MARYLAND 21201

04232	CERTIFICATE	OF DEATH	0	4232			
1. PLACE OF DEATH O. COUNTY TAIL BOT	MARYLAND	2. USUAL RESIDENCE (Where decorate of the state of the st	b. COUNTY	Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AS AC W	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp. Tilghman		20-1			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tol/give street oddress)	d. STREET ADDRESS			SIDENCE FARM? NO		
3. NAME OF DECEASED (Type or print) MAY		nmings 4. DAT OF DEA	тн 3	5	Year 9 6 7		
s. SEX Female 6. COLOR OR FACE 7. MARR White Wildow	VED DIVORCED	5/7/1897	69 birthdoy)	Months Days Hour			
during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, of Talbot Mary)		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Addison Larrimore		14. MOTHER'S MAIDEN NAME Nannie Neavit					
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN 218-18-4533 Ro	FORMANT	Address 7il		1		
18. CAUSE OF DEATH (Enter only one couse per Mart 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per Mart 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per Mart 1. DEATH WAS CAUSED BY:		wetton		INTERVAL B ONSET AND			
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	<u> </u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION (IVEN IN PART 1(o)	19. WAS AL PERFOR YES	UTOPSY RMED? NO		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or	Part II of item 18.)				
A Hour am		E OF INJURY (Home, form, ory, street, office bldg., etc.)	f. (City or town)	(County)	(Stote)		
21. I certify that (1) (this haspital) attended the deceased from							
	220. SIGNATURE COLLEGE MED. ATTENDING MED. STAFF 22b. DATE SIGNED LOT DIRECTOR DIRECTOR PHYS.						
220. SIGNATURE COLLEGE	M.O	PHYS. DIRECTO	STAFF PHYS.	Common	6/		
	christ!		STAFF PHYS.	but	6/		
220. SIGNATURE CLUSS A 22c. PHYSICIAN'S	23c. NAME OF CEMETERY OR C Pilgrim Holin	PHYS. DIRECTO 22d. ADDRESS REMATORY 23d.	LOCATION (City or Town Tilohman,		(Stote)		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then pleose remove cabon papers. Pages 1 and 27 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

"Ly "9 To Echandra Survivor to to the land 507140 er comment and profession of the latest All the state of t and consider the second of the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04233 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY a. STATE b. COUNTY Talbot MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corparate limits. write RURAL and give nearest tawn) Easton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS South Clifton YES NO A Doy 3. NAME OF Middle 4. DATE Manth Last DECEASED (Type or print) DEATH B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED last birthday) Manths Days Haurs - 30-85 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) Milling McCeansboro, Ill. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Irene Flint Darley Lemuel Darley IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dates of service) 305-05-5747 Mrs. Lillian L. Darley, South Clifton no INTERVAL BETWEEN ONSEA AND DEATH CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO dunic destructive aropathy Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse last 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION aller clerone Leser repulerune dere to NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g, ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark 1965 to 18 hear 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 18 Man and that death accurred at_ 90M, from causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)-

23c. NAME OF CEMETERY OR CREMATORY

Springhill

ADDRESS

23d. LOCATION (City or Town)

Easton.

(Caunty)

Talbot.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and campletely filled in by the factor carbon papers. Pages remave carbon papers. n any event, within 72 h event, and in any and physician o ease signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, be retained by the haspital ar attending physician. the has been Health priar ta OS TO FUNERAL DIRECTOR: After this certificate State Dept. af directar, page 3 shauld be filed v Page 4 may VR A15 (4) 20 M 1/66

BURIAL CREMATION

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04234 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Talbot TAlbot MARYIAND b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) life Trappe e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) none YES NO E NAME OF Middle 4 DATE First Lost Month Year Doy DECEASED Mary Etta Eason 1967 March 25 (Type or print) DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours female Negro 6-7- I900 WIDOWED DIVORCED KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if ratired) INDUSTRY COUNTRY Talbot- Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John H. McDaniel Addie Wilson 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 213-22-6236 Solomon Eason Trappe, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH musica (IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO TX 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While ot work 21. I certify that (1) (this hospital) attended the deceased fram_ 19.65, to_ 25 and that death occurred at... M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3-28-67 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stephen P. Carney, M.D.

apd and campletely filled in by the funeral after 00 event, within carban remove-= signed by the attending physician iburial-transit permit. Then please burial, crematian, or remaval and in attending physician detached far use as the te Dept. af Health priar ta has been be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate State [page 3 shauld e filed with the Page 4 may b director, par

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

G.H. Dashiell

23o. BURIAL, CREMATION.

3-29-1967

23b. DATE THEREOF

Paradise ADDRESS

Easton, Md.

23c. NAME OF CEMETERY OR CREMATORY

DATE

Box 929.

23d. LOCATION (City or Town)

REGISTRAR'S SIGNATURE 2Sb.

(County) Talbot

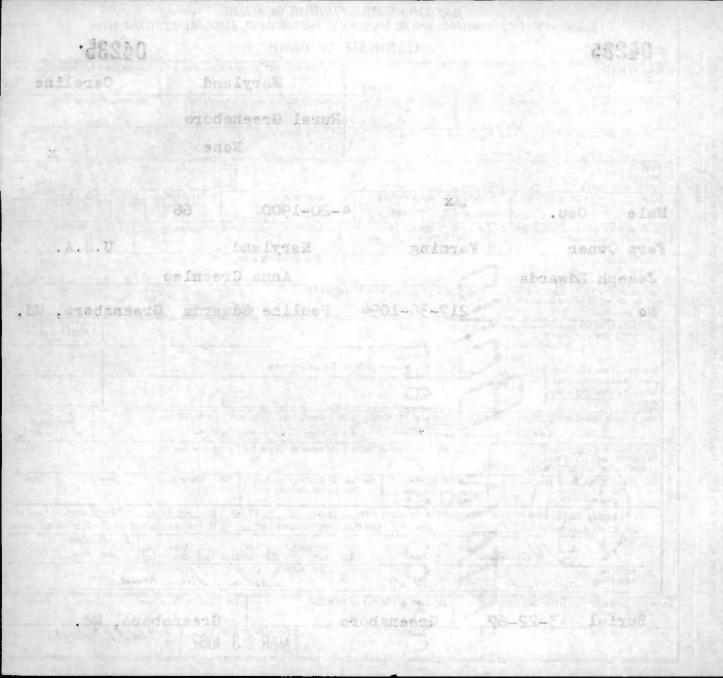
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04235 CERTIFI	ICATE OF DEATH 042	35
1.	PLACE OF DEATH a. COUNTY TAILOUT MARY	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE Maryland b. COUNTY	careline
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 5 days.		ve nearest town)
8	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Metro vial	d. STREET ADDRESS None	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) MV. Clinton J. Ed.	Lost 4. DATE Month OF DEATH	Day Year / 9 19 6 7
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male Cau WIDOWED DIVORCED	8. DATE OF BIRTH 4-20-1900 9. AGE (In years last dishday) Wonths	Days Hours Min.
dı	us USUAL OCCUPATION (Give kind of wark dane pring mast of warking life, even if retired) Farm Owner 10b. KIND OF BUSINESS OR INDUSTRY Farming	Maryland	ITIZEN OF WHAT OUNTRY?
	Jeseph Edwards	14. MOTHER'S MAIDEN NAME Anna Greenlee	
1:	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (lif yes give war ar dates of service) (If yes give war ar dates of service) (16. SOCIAL SECURITY NO. 217-36-10	17. INFORMANT Address 94 Pauline Edwards Greens	sbere. Md.
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
	Conditions, if any, which gove) Out To arteriolar we	plus seleroni	(?/
	nse to immediate couse (a), stating the underlying couse last.		
2 NOITA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I ar Part II of item 1B.)	
MFDICA	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 20d. INJURY OCCURRED While Nat While at wark	20e. PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.) (City ar town) (Co	ounty) (Stote)
	21. I certify that (I) (this hospital) attended the deceased saw the deceased alive an 18 deceased 19 62, c	and that death accurred at <u>5 & M,</u> from causes and an	
	120. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	DATE SIGNED
/	22c. PHYSICIAN'S NAME (Type) THURSTON HARRISEN	22d. ADDRESS Carlon hary land	
	REMOVAL (Specify) Burial 3-22-67 Greens	tery or crematory 23d. Location (City or Town) bore Greensbore	(Caunty) (Stote)
A	24. FUNERAL DIRECTOR ADDRESS	MAR 2 3 1967 25 COGISTRAR	SIGNATURE



1		W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OR STATE	04236 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
LVII DEPT.	1. PLACE OF DEATH a. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Pennsylvania b. COUNTY ?
Pages 1, 2, ond 3 to with form PM3. Pag. e State Department of 72 hours ofter death.	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Near Trappe ?	THE STORE STREET, BALTIMORE, MARYLAND 21201 THICATE OF DEATH UAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Pennsylvania COR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANDAY Philadelphia THE ADDRESS 29 N. Tenth Street Lost 4. DATE OF BIRTH 9. AGE (In years POTAL POTA BURNING COUNTRY) TO THER'S MAIDEN NAME UNKNOWN ANT Address Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH TO THE COUNTRY? ADDITION AND DEATH Address AND DEATH ADDITION AD
form form interpretation	d. NAME OF HOSPITAL OR TASTITUTION (If not in haspital, give street address) Rt. #50	20 N Parth Change DN A FARM?
g with g with the Sto	3. NAME OF First Middle DECEASED (Type- or print) TINIXENAMENT JOSEPH	DEATH
office olang wi ona'2 with the	Male Negro WIDOWED DIVDRCED	? 1907 Abouteday) Manths Days Haurs Mir
er's Office ges land? any event	10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	COUNTRY?
n pencil in Examiner's File pages ond in any	13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
Medical Examination of permits and page emovel, and in a	/V	Hospital Records. Cambridge, Md.
g the word "pe ed to the Chief a buriol-tronsii cremation, or r	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Multiple crush: Multiple crush:	ON <u>SE</u> T AND DEATH
e, writing forwarded used os c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES X NO
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ressory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page 4 may be a signoted age with or its designoted age.	21. I certify that I took charge of the remains described above, he	eld on Autopsy 🔀 , Inspection 🗍 , Inquiry 🗍 , and in my opini cide 🗍 , Homicide 📋 , Undetermined manner 🗍 CHIEF MEDICAL EXAMINER 🗍
necessory, please e hereszory, please e f mory be retoined 5 FUNERAL DIRECT Health or its design	SIGNATURE EXAMINED: NAME (Type) John Mace Jr.	M.D. ASSISTANT MEDICAL EXAMINER XX DEPUTY MEDICAL EXAMINER XX 3/12/67
necesso the fun 5 moy 1 10 FUNE Health	230. BURNAL GREMATION, (23b. DATE THEREOF 28c. NAME OF CEMETERY OR REMOVAL (SPECIAL)	CREMATORY 23d LOCATION (City or Town) (County) (type)

VR A15ME 1917

24. FUNERAL DIRECTOR

25b REGISTRAR'S SIGNATURE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04237	CERTIFICATE OF	DEATH	042	236			
1. PLACE OF DEATH o. COUNTY 1. A 1 bat	MARYLAND MAT	RESIDENCE (Where deceosed	Talvatty				
b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)		OR TOWN (If outside corporate		ve neorest town)			
East 1	1).O.A. Eas	ston, Maryland		20-1			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	3	T ADDRESS 10 South Stree	t	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) Margaret	1/ 9	OST 4. DATE OF DEATH	Month 3	Doy Year 6			
S. SEX 6. COLOR OP/RACE 7. MARRIED WIDOWED	Wan !	F BIRTH 9. A 22, 1919 47	GE (In years IF UNDER pst birthdoy) Months yrs.	Doys Hours Min.			
	MINISTRY	THPLACE (County & Stote, or foreign ppe, Maryland	n country) 12. C	ITIZEN OF WHAT			
13. FATHER'S NAME Louis Smith	14. MOT	HER'S MAIDEN NAME Phronia Smith					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of senjection)	SOCIAL SECURITY NO. 17. INFORMAN 17. INFORMAN 17. INFORMAN 18. Memoria	al Hospital, E	Address Caston, Mary	land			
1B. CAUSE OF DEATH (Enter only one couse per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) (b)	ENTRICULAR YPERTENSIVE	FIRELL DI	seaso	INTERVAL BETWEEN ONET AND DEATH VEARS			
rise to immediate couse (a), stoting the underlying couse lost.	YDEARDIAL		CON	Hours			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	PARITIS, CAR	DNIC ALCE	TO LISM	19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter notu						
Hour o.m. While p.m. 19 of wo	ork of work	office bldg., etc.)		ounty) (Stote)			
21. I certify that (I) (this haspital) attended the deceased fram Dec , 19 to 17 M, fram couses and on the date stated abave.							
220. SIGNATURE	M.D. PHYS.		STAFF 22b. PHYS. 22b. 1	DATE SIGNED -67			
22c. PHYSICIAN'S NAME (Type) RICHARD F.TY	G	ADDRESS AVE, I		land			
230. BURIAL (REMATION, DREMOVAL (Specify) 23b. DATE THEREOF Mar 7,1967	23c. NAME OF CEMETERY OR CREMATOR Paradise Cemete:	ry Trap	TION (City or Town)				
24. FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR		SIGNATURE			

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

Page 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furers director, page 3 should be detached for use as the buriol-tronsit permit. Then please femove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in only every, within 72 hours after dear

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 04238 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Talbot b. COUNTY a. COUNTY Maryland Page ŧ death. MARYLAND delay Stote Department c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1b and give nearest tawn) haurs after DOA Easton, Maryland Oswald Ct, BOX# 1152 e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) farm in pencil in Item 18. Give Poges 1, YES NO be executed within 24 hours after death. With NAME OF Middle 4. DATE Manth Day Last Year DECEASED FREEMAN Gibson OF with the 1967 (Type or print) WITH DEATH along \ IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE NEVER MARRIED AGE (In years Jast birthday) Months Haurs Office ony event Jond ? 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NOME Easton, Maryland the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME = Henrietta Brooks Preston Freeman File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) removol, unknown Memorial Hosp, Easton, Md. pending 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN surfound skull fearfare ONSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY: Б IMMEDIATE CAUSE (a) word This certificate should buriol, cremation, DUE TO Canditians, if any, which gove 0 rise to immediate cause (a). DUE TO stating the underlying cause D last nsed WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) please execute the certificate, designated agent, prior to pe should be 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING □ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should **EXAMINER:** 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth. Day, Year FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian 0 the funeral director. death resulted from: Natural causes Accident Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or **EXAMINER'S** Address (Street, city, tawn, or count NAME (Type) 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Talbot .Md 6,1967 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5 6M 1/66 DATE

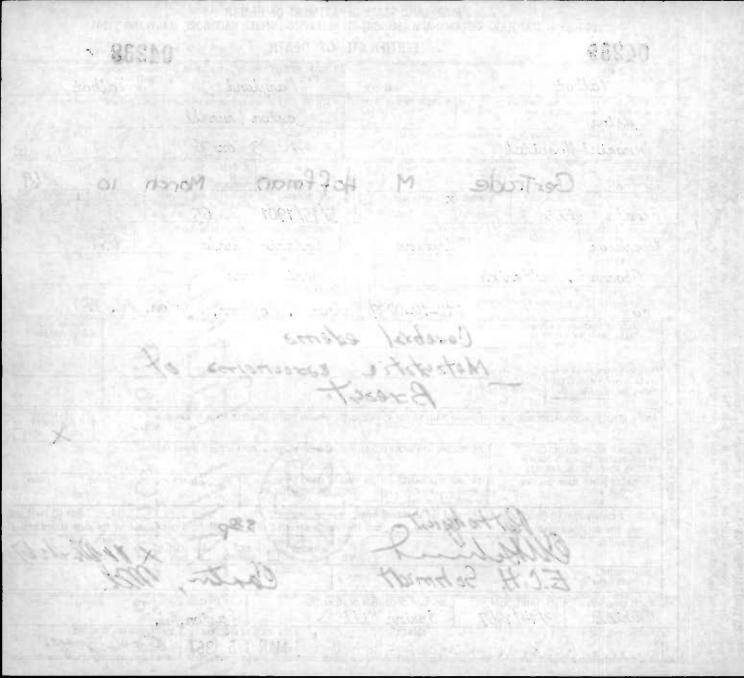
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04239	CERTIFICATE	OF DEATH	238
1. PLACE OF DEATH o. COUNTY Talbox	MARYLAND	o. STATE Maryland b. COL	
b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY DR TOWN (If outside corporate limits, write RL Easton (nural)	20-1
d. NAME DF HOSPITAL OR INSTITUTION (If not in Memorial Hospital	hospitol, give street oddress)	d. STREET ADDRESS RFD #3 Box 36	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Gertra	de M. H	of than death More	10 1967
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 5/15/1901 9. AGE (In years last birthday) 7/15.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR POLICEPHONE	11. BIRTHPLACE (County & State, or foreign country) Ontario (anada	12. CITIZEN OF WHAT
13. FATHER'S NAME George H. Hedderi	ck	14. MOTHER'S MAIDEN NAME Annie Burns	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give wor or dates of se		informant Add udson P. Hoffman, Easton	
IB. CAUSE OF DEATH (Enter only one couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO		edems	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	Metzytetic Brezg	La cuiounas 0)	
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
NOTIFIED TO SERVICE TO	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	· (County) (State)
21. I certify that (I) (this fosoit saw the deceased glive	d) attended the demased fram_	, 19 , ta_ at death accurred at \$300 M, from causes	and on the date stated above
220. SIGNATURE	hut M		22b. DATE SIGNED
22c. PHYSICIAN'S E.C.H.	Sehmidt	22d. ADDRESS Carton,	Mel.
	67 Spring Hil	L Easton Md.	
24. FUNERAL DIRECTOR	amazon EAton	250. REC'D BY REGISTRAR 256. REC'D BY R	EGISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coxpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in uny event, within 72 haurs after death Page 4 moy be retained by the hospitol or attending physician.

> VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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(M)		04240			CERTIFI	CATE	OF DEATH		04	240
를 / 등 등 를	1	PLACE OF DEATH				- 1	2 USUAL RESIDENCE (W	here deceosed lived, if ins	titution: Residence	e before odmission) /
requires that the deoth certificate be executed within 24 hours after deoth a physicion. signed by the attending physician and completely filled in by the funefal burial-transit permit. Then please remove carbon gapers. Pages 1 ord burial, cremation, or removol, and in any event, within 72 hours ofter death		COUNTY Tal	but		MARYL	AND	- CTATC		COLINTY	roline
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hours of the by the s. Pog hours	-	L NAME OF HOSPITAL		ot in/hospital		14.	d. STREET ADDRESS	100010		e. IS RESIDENCE
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de de	S.	SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	40	. DATE OF BIRTH	9. AGE (In year		YEAR IF UNDER 24 HRS. Doys Hours Min.
xec no ny		Male	Col.	WIDOWED	DIVORCED		Mar. 17,19		rs.	5
and and	100	USUAL OCCUPATION (G	ve kind of work done		IND OF BUSINESS OR			State, or foreign country)	(0)	IZEN OF WHAT JNTRY?
icote be execut sician and com pleose remove I, ond in ony ex	dur	ng most of working life,	even it retired)	IN.	NDUSTRY		Talbet .	Easton, Mo	d. us	
sici ple t, o	13.	FATHER'S NAME					14. MOTHER'S MAIDEN NA			
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attendi permit.					None	по	spital Re	cerds		INTERIOR DETROGEN
the of the dation		1B. CAUSE OF DEATH	I (Enter only one co NAS CAUSED BY:	use per line for	r (o), (b), ond (c).)	4	0 1	4 1	1.4.	INTERVAL BETWEEN ONSEL AND DEATH
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equires physicio signed burial-ti burial, c		Conditions, if ony, w		(b)	Frema	200	urily			
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ding ding een the or to		last.)	(c)						
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ol or ol or ilicote for us	SE	20o. ACCIDENT WAS UI	DERLYING	20b. D	ESCRIBE HOW INJURY OCC	URRED. (I	Enter noture of injury in P	ort I or Port II of item 1B	.)	
見き準っち	ER	OR CONTRIBUTING	CAUSE OF DEATH							
PHYSICIA be hospitol his certifice etached fo Dept. of H		(IF EITHER, NOTIFY ME 20c. TIME OF INJURY		204 1	NJURY OCCURRED	One PLACE	E OF INJURY (Home, form,	20f. (City or town	n) (Cou	inty) (Stote)
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		21. I certify	that (I) (this ha	spitol) atten	ided the deceased t	rom	Mar. 17, 19	67 10 NA	Kalf, 14e	Z, that (I) (we) last
ATTENI etained CTOR: A should vith the			osed alive on_	Mari	17 19 67, 0	nd that	death occurred at	D-74 M, Tram cau		e date stated abave.
retair retair RECTO 3 sho with		22o. SIGNATURE	0.0.	02	1111		ATTENDING 🕞	MED. STAFF	226. DA	TE SIGNED
AL OR ATTENI y be retained L DIRECTOR: A age 3 should filed with the			Wall	A No	allma	M.D		DIRECTOR PHYS.	112	21-196%
ral o		22c. PHYSICIAN'S NAME (Type)	21	n N	11	un	22d. ADDRESS	1	, 6.	L. MI
SPITAL 4 may 4ERAL or, po			Dales	KK	Ill man;	11,0		anson Sti	Las	COMILIA.
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should shauld be filed with the	230	BURIAL, CREMATION,	23b. DATE TH	IEREOF	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCATION (City of	or Town)	(County) (Stote)
O FUN O FUN direct		Burial	3-18	3-67	Union	100		Goldsbo	ro. Ma	ryland
	24	FUNERAL DIRECTOR		00	ADDRESS			BY REGISTRAR 2St	. REGISTRAR'S SI	GNATURE
VR A15 (4) 20 M 1/66	1	15,150	110 000	Ahon .	1 A OPPTON)	nol.	. IMAR	2 3 1967 1/2	Charles	Judge.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04242 CERTIFICA	TE OF DEATH 0429	12						
1)		PLACE OF DEATH a. COUNTY ARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen a. STATE Md • b. COUNTY Ta	ce before admission) 100 t						
		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give Easton	20-1						
18		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS 123 Choptank Ave.	e. IS RESIDENCE ON A FARM? YES NO						
		NAME OF First Middle DECEASED (Type or print) The Clavenes Sewell Ins	Lost 4. DATE Month OF DEATH 3	Day Year 1967						
		SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 DIVORCED 1	8 POÄTE OF BIRTH 9. AGE (In years lost birthday) Anoths yrs.	Days Hours Mir						
	duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) a tchery worker INDUSTRY chicken	(0	TIZEN OF WHAT UNTRY?						
		Thomas Insley	Virgie Abbott							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or dates of service) 212-12-3297 Mrs. Margarett Dean Insley									
or na burnal, cremination, or remayor, ond in ony event, which is a noors		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last. (c)	SEDICOPPIE.	ONSET AND DEATH						
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T		19. WAS AUTOPSY PERFORMED? YES. NO						
	AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)							
<u> </u>	MEDICAL	Haur a.m. While Not While p.m. While at work D	factory, street, affice bldg., etc.)	unty) (State						
snould be litted with the stole Dept. of		21. I certify that (I) (this hasoital) attended the deceased from saw the deceased alive on 1220. SIGNATURE	hat death occurred at 62 M, from causes and on t	he dote stated ob						
d De IIIe		22c. PHYSICIAN'S E. C. H. Schimid)	22d. ADDRESS Captur, May	had						
Shoul			Memorial Park Easton Tla	(County) (State)						
4)	24	4. FUNERAL DIRECTOR ADDRESS	MAR 1 4 1967	Judge						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

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62 1 ANY IN THE STATE OF TRANSPORT OF THE STATE O Central There true I sept description Fely Carriagues y provide most in a little parties of the part 7, MARIET En how Have concer WHEN THE PETERS I HAVE BESTON

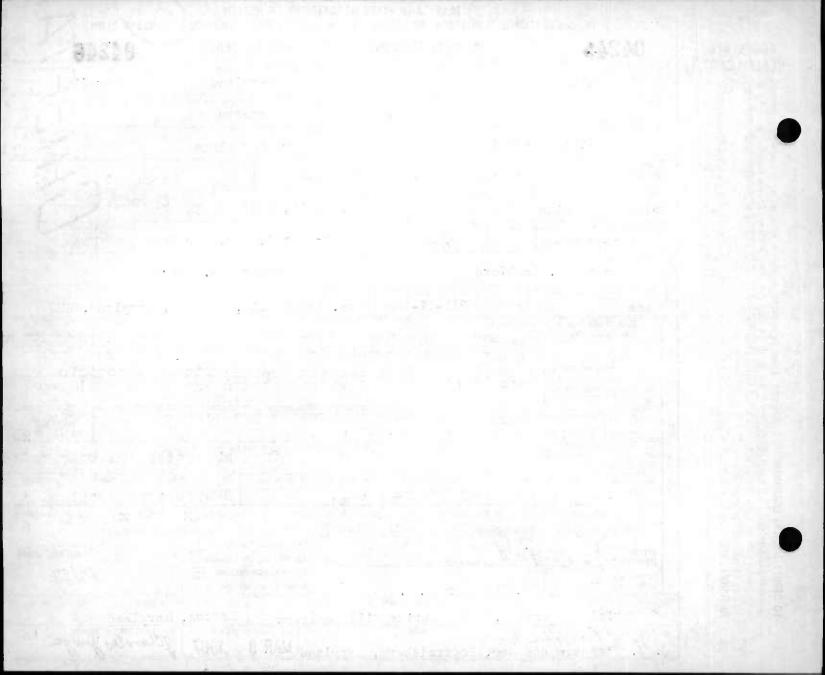
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 114244 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission, I. PLACE OF DEATH b. COUNTY een Anne a. STATE o. COUNTY Maryland MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) a c. LENGTH OF STAY IN 16 Stevensville e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION (If not in hospital, give street oddress) YES NO X XX Lost 4. DATE Year 3. NAME OF First DECEASED DEATH (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR 7. MARRIED K 8. DATE OF BIRTH 9. AGE (In years S SEX 6. COLDR OR RACE NEVER MARRIED lost birthdoy) Months Dovs Hours 1886 DIVORCED Sept. 27. WIDDWED White Female 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY during most of working life, even if retired) USA Housewife

13. FATHER'S NAME Maryland 14. MOTHER'S MAIDEN NAME Unknown William Whitby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Joseph Kopinke-Stevensville. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DNSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 19____, that (I) (we) last M, fram causes and an the date stated abave. and that death accurred at 7 saw the deceased alive an_ 22b. DATE SIGNED 22o, SIGNATURE STAFF M.D. DIRECTOR Righert W. Trever 22d. ADDRESS Easton, Maryland NAME (Type) Robert W. Trever, M.D. 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) Stevensville Stevensvill March 9 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

impletely filled in by the funeral ve carbon popers. Pages I and event, within 72 hours after deot OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat physicion (ien please burial, cremation, or removal, burial-transit **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospitol or ottending physician. signed by prior to has Stote Dept. of Health TO FUNERAL DIRECTOR: After this certificate 10 be detached director, page 3 should should be filed with the

\$430G . Wir and Tvolove - During Line one Manager W. Trever, M. J. Backgrand nofels When the Agreement of



	04246	CERTIFICATE	OF DEATH	04	1247
1.	PLACE OF DEATH a. COUNTY TALLOT	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, if institution b. COUN	an: Residence before admission) TY Caroline
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out Rural G	side carparate limits, write RUR.	AL and give nearest tawn)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street addless)	d. STREET ADDRESS	Nene	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) H. DAU. J	R. Mc Creary	Last	4. DATE Month OF DEATH	- 22-1967
	2 4	IDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In yeors last birthday) 83 84 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
du	or, USUAL OCCUPATION (Give kind of work dane uring most of warking lite, even if retired)	106. KIND OF BUSINESS OR INDUSTRY Farming	Penna	a state, ar toteigh caoint ()	12. CITIZEN OF WHAT COUNTRY?
	Samuel McCrear	y	14. MOTHER'S MAIDEN N No Reco	rd	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of serv	16. SOCIAL SECURITY NO. 17. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	INFORMANT Mary Mc Cr	Addres	
	IB. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		hemorry	lage	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in P	art I ar Part II af item 1B.)	
MEDICAL	p.m.	While of wark at wark at wark	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	Name of the	(County) (State)
	21. I certify that (I) (this hospitol sow the deceased alive on	1 -	ATTEMPING	MED. STAFF DIRECTOR PHYS.	, 19, that (I) (we) last and an the date stated above 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Robert W.	Trever, M.D.	22d. ADDRESS Easton		
2.	3g. Burial, (remation, Buyan (agrey) 3-27-6		0	23d. LOCATION (City or Town	o, Maryland
	24. FUNERAL DIRECTOR	Greens Orn	2So. REC'D		GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the femeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after deat

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removeration papers. Cages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MAKYLAND STATE DE	PAKII	MENT OF HEAL	.IH		
	Division of STATISTICAL	RESEARCH AND RECORDS, 301	W. P	RESTON STREET,	BALTIMORE,	MARYLAND	2120
0424	7	CERTIFICATE	OF	DEATH		042	48

DECEASED (Type or print) Eldred William MRR. H DEATH MARCH Le 19	
b. CITY OR TOWN (if outside corporate limits, with RURAL and give nedest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR OR OR ACE IN TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR OR OR ACE IN TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR OR OR ACE IN TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR OR OR OR ACE IN TOWN (if outside corporate limits, write RURAL and give nedest town) c. CITY OR	ian) /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS (CONCORD Section) d. STREET ADDRESS (CONCORD Section) d. STREET ADDRESS (CONCORD Section) J. Mank OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOTH NED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRI	200
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RE ON A YES 3. NAME OF DECRASED (First Middle Lost 4. DATE Month Day	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) A STREET ADDRESS CONCORD Section	-2
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED Aug. 17, 1924 Aug. 1924 Aug. 17, 1924 Aug. 1924 A	IDENCE FARM?
S. SEX 6. COLOR OR RACE 7. MARRIED	NO T
male white Widow Divorced Aug. 17, 1924 43.5. Months Doys Hours Divorced Aug. 17, 1924 43.5. Months Doys Hours Aug. 17, 1924 43.5. Months Doys Aug. 17, 1924 43.5. Months Doys Hours Aug. 1924 43.5. Months Aug. 1924 44.5. Month	4
The state of Death (Enter only and cause per line for (o), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS Who does do not contributing a cause per line for (o), (b), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS WIDDOWED DIVORCED DIVORCED Aug. 17, 1924 48rs. 100. USUAL OCCUPATION (Give kind of work done down and done and the period working most power in the remainded in the period working into even if retired even if retired only and cause per line for (o), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 100. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? VA. JUSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Delphia E. Propts 22I-12-4870 Mrs. Ermadean Merit Federalsburg 18. CAUSE OF DEATH (Enter only and cause per line for (o), (b), ond (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM YES 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER MONIEY MERICAL CYANINES) 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part III of item 18.)	ER 24 HRS.
Address Address Address Address Address Address	
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), ond (c).) 18. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. WAS ALL SECURITY NO. 19. WAS ALL SECUR	
Robert E. Meritt Delphia E. Propts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates at service) 16. SOCIAL SECURITY NO. 22I-12-4870 Mrs. Ermadean Merit Federalsbur 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 22I-12-4870 Mrs. Ermadean Merit Federalsburg 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS APERFOR YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CICAUSE OF DEATH (IE ETHER NOTICE PROTITION CICAUSE PROTITION	
(Yes, no, or unknown) (If yes give war ar dates af service) 22I-I2-4870 Mrs. Ermadean Merit Federalsbur 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DUE TO Canditians, if any, which gave is to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	
18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR YES 20a. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CONTR	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	o Me
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nise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTION CONTRIBU	
stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALPERFOR YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	
PERFOR YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (If enter noture noture noture of injury in Port I or Part II of item 18.)	TOPCV
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Medical EXAMINER) 20d. INJURY OCCURRED 20d. INJURY	MED?
205. DESCRIBE HOW INJURY OCCURRED. (enter notice of injury in Poil 1 of Poil 1 of Heir 18.) 206. ACCIDENT WAS UNDERSTRIBE THOW INJURY OCCURRED. (enter notice of injury in Poil 1 of Poil 1 of Heir 18.) 207. TIME OF INJURY Month, Day, Yeor 208. INJURY OCCURRED 209. PLACE OF INJURY (Hame, farm, leave,	NO X
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Haur am 20f. (City ar tawn) (Caunty)	
	(State)
p.m. of wark — of wark —	
21. I certify that (1) (this hospital) attended the deceased from 3-6-67, 19 to 3-6-67, 19, that (1)	(we) la
saw the deceased alive an 3 - 6 - 6 7 19 -, and that death accurred of 132 AM, fram causes and on the date stat	ed apov
22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 3-7-6	7
22d. ADDRESS' NAME (Type) Stephen P. Carney, M.D. Easton, Maryland	
DEMOVAL (Specify)	(State)
burial 3/9/67 Concord Cemetery Federalsburg RFD.	
24. FUNERAL DIRECTOR ADDRESS MARY 1967 PCHARLES JUNGE	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALT	Н
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	T, BALTIMORE 1, MARYLAND
	OFFICIOATE OF BEATH	

04248 CERTIFICATE OF DEATH	14249
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If inst a. STATE Manyland b. COUNT	(aroline
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton	45.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street address) A STREET ADDRESS Fisher Road	e. IS RESIDENCE ON A FARM? YES \(\text{NO \(\text{NO } \)}
3. NAME OF DECEASED TAMES First BRALFORD MORRIS 4. DATE OF DEATH 3	Day Year 28 1967
male white WIDOWED OIVORCED 3/8/1967 last birthday) in the wind of	Months Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Talbot Manyland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bradford Morris 14. MOTHER'S MAIDEN NAME Peggy Anne Nyce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) Address (Yes, no, or unkown) (If yes give war or dates of service) Ans. Bradford Morris, Dent	ion, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: 3 43X DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO underlying cause last. (c)	, , , , , , , , , , , , , , , , , , ,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) 20f. (City or tow	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from	nd on the date stated above.
22a. SIGNATURE M.D. ATTENDING MEO. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 1 22d. ADDRESS 1	28 DATE SIGNED
NAME (Type) TO SUTH OF THE SYNTHEST 1236. NAME OF CEMETERY OF CREMATORY 1 23d, LOCATION (CITY, tow	wn or county) (State)
Burla (Specify) 3/30/1967 Spring Hill Cemetery Easton, Nd.	GISTRAR'S SIGNATURE
Maurice E. Newram & Son Caston Mo. MAR 30 1967 gold	erles Judge
7-229119	

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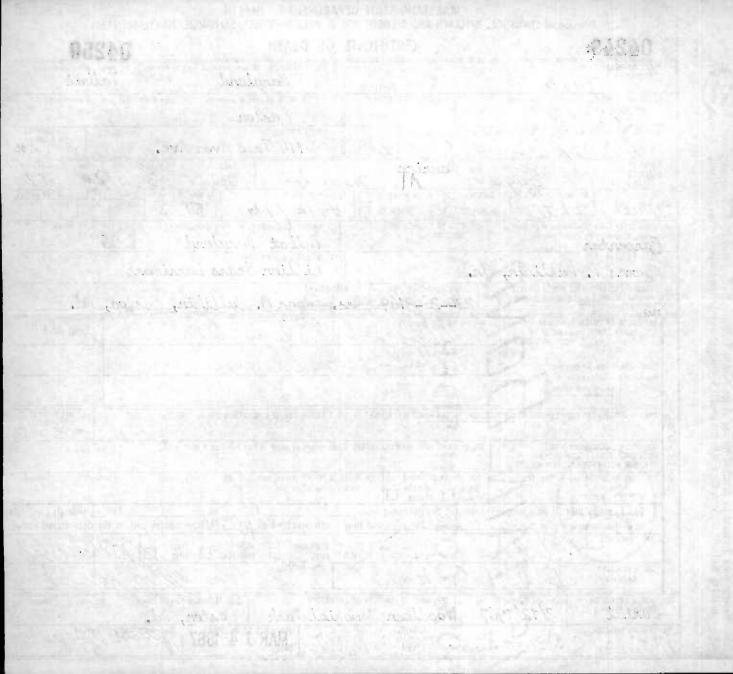
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by, director, page 3 should be detoched far use as the buriol-transit permit. Then pleose remove sarbon papers. It should be filed with the State Dept. of Heolth prior to buriol, cremation, or removol, and in any event, within 72 hours.

042	249	CERTIFICATE	OF DEATH		0425	n
1. PLACE OF D a. COUNTY	TA 1 bot	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Maryla			
write RU	TOWN (If outside carporate limits, RAL ond give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside		AL and give neare	st town)
	HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS	7.67		e. IS RESIDENCE ON A FARM?
[//	EMORIAL	HOSPITAL		Avon Are.		YES NO
3. NAME OF DECEASED (Type or pri	nt) Edga	aurit m	11.4.	OF DEATH 3	90	1967
s. sex mal	e white	WIDOWED DIVORCED	8. DATE OF BIRTH 4/16/16	9. AGE (In yeors lost) pirthday) yrs.	Months Days	Hours Min.
during most of	UPATION (Give kind af wark dane warking lite, even if retired) Enter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta	ryland	12. CITIZEN O	
13. FATHER'S I	NAME es 7. Mullikin,	In.	14. MOTHER'S MAIDEN NAME Lillian Se	ears Larrimo	re	
1S. WAS DECEA (Yes, na, ar unk	ASED EVER IN U.S. ARMED FORCES? (nawn) (If yes give wor or dotes of se		s. Edgar M. A	hullikin, Ea	ston, M	103
Conditions	F OF DEATH (Enter only one cause processing to the processing of t	er line for (a), b) and (c).) Control Control	al Justo	n.		TERVAL BETWEEN USET AND DEATH
PART II. O	OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	f or Part II of item 18.)		
20c. TIME	OF INJURY Manth, Doy, Year daur a.m. p.m. 19		CE OF INJURY (Hame, farm, arry, street, affice bldg., etc.)	2Df. (City or tawn)	(Caunty)	(State)
	I certify that (I) (this lospit	all attended the deceased from and that	, 19_ t death occurred at #A	taM, fram causes of	and on the da	hat (I) (we) las te stated above
22a. SIG	elly-	m.		STAFF PHYS.	22b. DATE SIG	NED HG7
22c. PHY NAM	SICIAN'S ME (Type) F- (-)	4. Schmidt	22d. ADDRES	on, Mo	mylen	1
23a. BURIAL, C	REMATION, 23b. DATE THEREO (Sp(cify) 3/12/19			23d. LOCATION (City or Tov Easton, Md.	ī	,,
24. FUNERAL	DIRECTOR E. Neuma	mation EAStow,	Md. MAR Y	4 1967 25h 25h	SISTRAR'S SIGNATU	IRE



MAS 2.3 1867 1 The St. Very S.

-	0 2 10 17 20			V 22.10	
	PLACE OF DEATH a. COUNTY		g. STATE Man	ere deceased lived, if institution: Reside	ā. a —
_	TAlbot	MARYLAND	1 1 1 1 1	LAND 11	7201
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	1	de carparate limits, write RURAL and g	ive nearest tawn)
L	EASTON	16 days		ITT	20-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Memorial Ho	spita/			YES NO
	NAME OF First DECEASED	Middle	Last 4	DATE Month	Day Year
	(Type or print) /// On +90	omery FRANKLi	N PERRY	DEATH March	11 19 67
S.	SEX 6. COLOR OR RACE 1. N		B. DATE OF BIRTH	last birthday) Manths	R 1 YEAR IF UNDER 24 HRS.
1	11122 111112	IDOWED DIVORCED	EPT 11,190	70 66 yrs.	
100	n. USUAL OCCUPATION (Give kind of wark dane tog most af working life, even it felled)	10b. KIND OF BUSINESS OR INDUSTBY	11. BIRTHPLACE (County & St	tate, ar fareign cauntry) 12. (CITIZEN OF WHAT
1	ET SEC. / IGE	MP. CASUALTY CO	TENNSY	LVANIA	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE -	
14	ARRY K. THERRY	/	ELIZA	BETH PAI	GE
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknawn) (If yes give war ar dates af servi	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	14
(11	es, na, or unknawn) (iii yes give war ar adies ar servi	X63-05-7479A	MRS DARA	THY TERPY. 11	EAVITE MA
F	IB. CAUSE OF DEATH (Enter anly one cause pel	Ame far (a), (b), and (c).)	11/10/2015		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Ann Ala	Michn	11	ANSET AND DEATH
	2001 DUE TO	y or your	Colo Coppe	7	Jan
	Canditians, if any, which gave) (b)				
	rise to immediate cause (a), (
	stoting the underlying couse (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	DUTING TO DEATH BUT NOT BELATED TO 1	THE TERMINAL DISEASE CONDIT	FION CIVEN IN DADT 1(a)	19. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(d)	PERFORMED?
12	20a. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Part	t I ar Part II of item 1B.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Hame, farm,	20f. (City ar tawn) (C	County) (State)
SE C	Haur o.m. p.m. 19	While Not While of work of work	street, affice bldg., etc.)	1/1	
	21. 1 certify that (I) (this hospital		11/10 19/	27. to // // /////////////////////////////	67, that (1) (we) last
	saw the deceased dive on		death occurred ot_	1 M, from causes and on	
	22a. SIGNATURE	11/11	A TOTAL OF THE STATE OF THE STA	22b.	DATE SIGNED
	1. Trans	1/2/1/20 M.C	ATTENDING ME	RECTOR PHYS. 3	-12-67
	22c. PHYSICIAN'S	1 1/2	22d. ADDRESS		
4	NAME (Type) R. Lane Wrot	in, M. D.	St. Mich	aels, Md. 21663	
230	n. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR O	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
400	REDOUVAL (Specify) 2000 144 K	91.7 neural M.	E. Cernetery	nework 1	Colquere
2	4. PUNERAL DIRECTOR	ADDRESS	2So PECTORBY	Y_REGISTRAR 2Sb., REGISTRAR'S	SIGNATURE
0	1-1-1-1	1 muchael	MAR DATE	1 5 1961 Julian	as Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

Poge 4 may be retained by the hospitol or attending physicion.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician-and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after the content of the state of the sta

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04252		CERTIFICAT	E OF DEATH		046	54	
1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENC	E (Where deceased	lived, If institution:	Residence befo	ore admission)
	a. COUNTY Tax	lbot		a. STATE Man	uland	b. COUNTY 7	albox	
		outside corporate limits,	MARYLAND I c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	ci .			parest town)
	write RURAL and	give nearest town)	C. LENGTH OF STAT IN 15			miles, write non	ar and give in	sai est town/
	Caston	D		Cast	on		20-1	
			in hospitai, give street address)	d. STREET ADDRESS			e. IS	RESIDENCE N A FARM?
	113 N	Hanson Stre	et	113 N.	Hanson	Street	YES	
3.	NAME DF DECEASED (Type or print)	Bethesda W.	Robinson	Last	4. DATE DF DEATH	Month 3/31	Day	Year 19 67
5.	SEX 6.			B. DATE OF BIRTH	19. AGE	(In years IFUNDE	R 1 YEAR IF U	
1	Famala III	111 • 1		11/22/1995	last	birthday) Months	Days He	ours Min.
10	- HOMELCE IN	Vinite WIDOV		4/23/1005	01	yrs.	ALTITUTE OF L	
du	ring most of working li	(Give kind of work done 10 ife, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or for	eigh country) 12.	CITIZEN OF V	YHAI
	Housework	2		Talbox M	anuland		1154	
13	· · · · · · · · · · · · · · · · · · ·			14. MOTHER'S MAID	EN NAME	TO VALLETY OF		
	Adoni Ros	ls .		Martha A	. Cooper			
		IN U.S. ARMED FORCES?		INFORMANT		Address		
(1		es give war or dates of service)	216-03-7520 D	Walter W. (laggett.	caston,	d.	
_	1 18. CAUSE OF DEAT	H [Enter only one cause r	er line for (a), (b), and (c).]		00			L BETWEEN
		WAS CAUSED BY:		1. 1	. 1 0	· D.	ONSET A	ND DEATH
		IMEDIATE CAUSE (a)	prured disec	ting Inorac	LOO DOCO Y	mual		
	4511	DUE TO	1	1 1	Α		21	11 8
	Conditions, If any,			doctic	Hyeu	rygous	- R	MICE
	gave rise to imm cause (a), stating							
	underlying cause las					"		
0			RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PART 1(a) 19. WA	S AUTOPSY
AT							PEI	RFORMED?
E	200 ACCIDENT WAS	HNDERI VINC CI 1 201	DESCRIPE HOW IN HIS YOUR	IDDED (Fator actions of	talians to Don't La	n David III of Item 1	YES	NO
CERTIFICATION	OR CONTRIBUTING ((IF EITHER, NOTIFY	UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	KKED. (Enter nature of	injury in Part i d	r Part II of Item 1	.8.)	
SAL	20c. TIME OF INJUI	RY Month, Day, Year 20	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City (or town) (C	ounty)	(State)
	Hour a.m.		IIIe - INOT MUIIE - I	ry, street, office bldg., et	ic.)			
Σ	p.m.		work at work paded the deceased from	3 . 2 - 8 10	67 to 3	A31 10.	67 that	(I) (we) last
	saw the deceas			death occurred at	A.M. from th	e causes and on		
	22a. SIGNATURE	1					DATE SIGNED	
		Mille	1/1 M.D			TAFF HYS. \Box 4	13.1	3
	22c. PHYSICIAN'S	6.1	1 =	22d. ADDRESS	-			-
	NAME (Type)	S. Kre U	JUR	1	EAST	on, M	· 6 -	
23	BURIAL, CREMATIC	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or c	ounty)	(State)
	Burial Specify	4/3/1967	Spring Hill		East	on is Aldi		
24	. FUNERAL DIRECTOR		ADDRESS	25a. REC	D BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	RE
	MURICE 8	. NEWNAM & S	ON. Easton Mi	PAPR	4 1967	John	a Oud	
		* * · d * · · · · · · · · · · ·	OLI & TONOLOGY IN THE LINE	Mark)	T 1.1(1)	1 1	177 V-10-4	(France)

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	04253	2		CERTIFICAT	E OF DEATH		042	255	
	PLACE OF DEATH o. COUNTY	Tallet	, (MARYLAND	o. STATE Ma	E (Where deceased liveryland	b. COUNTY	Talbot	
		If outside corporate lind give nearest town)		c. LENGTH OF STAY IN 16		outside corporote lim	its, write RURAL	ond give neore	st town)
	6.	AL OR INSTITUTION (IF		/5	d. STREET ADDRESS	raco access			e. IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	Mv.	First George	Joseph	Shea	4. DATE OF DEATH	Month 3 -	Doy 16	19 67
S.	male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5/12/187	lost	birthdoy) N	F UNDER 1 YEAR Months Doys	Hours Min.
10o duri	. USUAL OCCUPATION ing most of working Banken	(Give kind of work do life, even if retired)		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Cou	nty & Stote, or foreign on, N.Y.	country)	12. CITIZEN O	F WHAT ?
13.	FATHER'S NAME Thoma	s Shea			14. MOTHER'S MAID!				
15. (Ye	WAS DECEASED EVE es, no, or unknown) no	R IN U.S. ARMED FORCE (If yes give wor or dot	(arivas to se		Mrs. Georg	e J. Shea	Address , St. /	Nichael	s, Md.
	PART I. DEA 3 3 2 Conditions, if ony rise to immedial stating the under	, which gove) e couse (o),	1001	ebral Vas	eular Oc ecoscle		Mult	iple of	TERVAL BETWEEN
CERTIFICATION	PART II. OTHER SI 200. ACCIDENT WA			TO DEATH BUT NOT RELATED TO ESCRIBE HOW INJURY OCCURRED					WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Year			ACE OF INJURY (Home, I		or town)	(County)	(Stote)
MEDICAL	Hour o.i	m	9 While	rk Not While fo	ctory, street, office bldg.,	etc.)	2/15	Col	
		fy that (I) (this beceased alive an	/	ded the deceased fram_ 6_1967, and th	at death accurred	at 11 25 p.M. fro	m causes an	id an the da	hat (I) (we) la te stated abav
	22o. SIGNATURE	The	ce V	1	A.D. ATTENDING N.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	7/67
	22c. PHYSICIAN'S NAME (Type		CFF	JR.	22d. ADDRESS	EASTO.	NIN	14.	() *
230	BURIAL, CREMATION REMOVAL (Species		THEREOF / 1967	23c. NAME OF CEMETERY OF	emorial Pa	nk Easte	N (City or Town)) (County	y) (Stote)
24	EUNERAL DIRECTO	r 11.	Mary	an hAston.	Mid. DAR	R 2 1 196	7 25b g 259 5	TRAR'S SIGNATU	RE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the fune of director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death

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			TV CALLERY	THE RESIDENCE	
, (Transfer of the same			-1- 1-30-a	THE REAL PROPERTY.

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04254	CERTIFICATE	OF DEATH	042	56
1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where de o. STATE	ceosed lived, if institution: Resid b. COUNTY	eace before odmission
b. CITY OR TOWN (If outside corporate limits,	MARYLAND CLENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside cor	porote limits, write RURAL and g	ive neorest town)
write RURAL and give nearest town)	204	Cas	len	20-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) MEMORIAL HO	SPITAL	521 Devel	Rol.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle HAPPIS	HOCKLEY OF DE	2	Doy Year 2 1967
S. SEX 6. COLOR OR RACE 77. MARRIE Male Of WIDOWE		DATE OF BIRTH	VIII	ER 1 YEAR IF UNDER 24 HRS.
during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, of		COUNTRYS COUNTRYS
13. FATHER'S NAME	bley	14. MOTHER'S MAJOEN NAME	Callins	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	6. SOCIAC SECURITY NO. 17. IN	FORMANT Black	Address Address	Women Rd.
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).) Myocarde	al Infai	eteri	ONSET AND DEATH
Conditions, if ony, which gove) (b)	Ingeste	vé Hea	& Failure	MONCHS
rise to immediate couse (o), stating the underlying couse (c)	Eneralized	acterios	classis	year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT REVATED TO THE	HE FERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (E	Enter noture of injury in Port I or		
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d		FOF INJURY (Home, form, ry, street, office bldg., etc.)	of. (City or town) (County) (Stote)
21. I certify that (1) this haspital att	ended the deceased fram	death accurred at 13	M, fram causes and an	162, that (we) las the date stated abave
220. SIGNATURE	SONO M.D.	ATTENDING MED.	STAFF 22b.	DATE SIGNED 3-67
22c. PHYSICIAN'S NAME (Type) R. Tyson	м. 1	22d. ADDRÉSS D. Easton, Mar	yl and	3/3/67
230. BURIAL, CREMATION, 23b. DATE THEREOF 3/6/6/7	Polling Free		LOCATION (City or Town)	(County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS 60 al	MARC'D BY REG	1967 25h REGISTRAR	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove carbon papers. Poges 1 and should be filed with the Stote Dept. of Heolth prior to burial, cremation, or removol, and in ony event, within 72 hours ofter dear Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66 AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND MARULAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give reorest town EASTOR e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 214 S. HANSON YES NO 1770 P 3. NAME OF Middle 4. DATE Month Doy Year First DECEASED (Type or print) 196 DEATH IF UNDER 1 YEAR IF UNDER 24 MRS S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE B. 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours July 12, 1895 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** TALBOT CO., WARULAND PRACTICAL NURS ETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME R. MULLIKIN SALW HOMAS EAUERTOR WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) EASTON, M INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per lipe for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram 19___, that (1) (we) last 70109149 and that death accurred at, M, fram causes and an the date stated above. saw the deceased ofive and 22b. DATE SIGNED 22o. SIGNATURE

requires that the death certificate be executed within 24 hours after and in please attending physician permit. Then please burial, cremation, burial-transit be retained by the hospital or attending physician. has been Dept. of Health priar ta ATTENDING PHYSICIAN: The law TO FUNERAL DIRECTOR: After this certificate State director, page 3 should should be filed with the

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VR A15 (4) 20 M 1/66

230 BURIAL CREMATION 23b. DATE THEREOF **REMOVAL** (Specify) MAR. 23, 1967 24. FUNERAL DURACIO

22c. PHYSICIAN'S NAME (Type)

> 23c. NAME OF CEMETERY OR CREMATORY SPRING HILL CEMETERY

23d. LOCATION (City or Town)

STAFF PHYS.

(County)

(Stote)

PHYS 22d.

> REC'D BY REGISTRAR 1967

DIRECTOR

EASTON

M) or c			04256	ISION OF STATIST	ICAL RESEAT	CERTIFICA	TE OF DEAT		more, marri	042	58	de.
funeral ond		(PLACE OF DEATH D. COUNTY	Albot		MARYLAND	o. STATE	ARY And	b. COU	NTY TAI	bot	ion)
Poges			o. CITY OR TOWN (If or write RURAL ond give		,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If ourside corpora	ite limits, write RU	RAL ond give ne	orest town)	
filled in by papers. Pe	18	(I. NAME OF HOSPITAL O	OR INSTITUTION (If no	t in hospitol, giv		d. STREET ADDRE		+ 4.		e. IS RESI ON A	IDENCE FARM? NO
wirning tely fill within within			NAME OF DECEASED Type or print)	Fin		Middle	Smith.	4. DATE OF DEATH	Mon			ear 67
completely ove carbor will		S.	**	COLOR OR RACE	7. MARRIED E	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		lost birthdoy)	IF UNDER 1 YE.	AR IF UNDE	ER 24 HRS.
risician and completely filled in by the funeral please remove carbon papers. Pages 1 and 2 and		1Do. duri	USUAL OCCUPATION (Ging most of working life,	ve kind of work done even if retired)	IDb. KINI	D OF BUSINESS OR USTRY UST Supply	11. BIRTHPLACE (County & State, or fo		12. CITIZEN	N OF WHAT	-0 ,
attending physician permit. Then please			J. Frank	W. W. H.				et Maryla AIDEN NAME Themina B				
attending phy permit. Then		1S. (Ye	WAS DECEASED EVER IN s, no, or unknown) (If	U.S. ARMED FORCES?	f service) 16. SC		INFORMANT Ins. 7. Le		Addr Easton			
that the dion. by the atternosit perremetion			18. CAUSE OF DEATH V	NAS CAUSED BY: IMMEDIATE CAUSE	(o)		bem m	chay e			INTERVAL BE ONSET AND	TWEEN DEATH
N: The law requires that the deoth certificate be executed within 24 hours after or attending physicion. In the hos been signed by the attending physician and campletely filled in by the force as the burial-tronsit permit. Then please remove carbon papers. Pages and the force to hurial removing a removal and in one event within 77 hours after the principle of the please.			331X Conditions, if ony, what rise to immediate co	use (a)	(b)							
ending predictions of the base			stoting the underlying	ng couse	(c)						34 WIG NO	TO PSY
AN: The law roll of attending icate hos been for use as the Health print to	3	CATION		_		DEATH BUT NOT RELATED 1					PERFORM	NO
pitol pitol de fo	5	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UN OR CONTRIBUTING ☐ (IF EITHER, NOTIFY MED	CAUSE OF DEATH DICAL EXAMINER)		RIBE HOW INJURY OCCURRI						
by the hospi from this certifier this certifier the detached		MEDICA	20c. TIME OF INJURY Hour o.m. p.m.	19	While at work	Not While of work	PLACE OF INJURY (Hom octory, street, office bld	lg., etc.)	(City or town)	(County		(Stote)
)		saw the dece	that (!) (this has ased alive an	pital) attende	ed the deceased fram 19 <u>47,</u> and t	hat death accurre	, 19 4 7_ t ed at 945_N		and on the	date state	(we) last ed abave.
be retoined DIRECTOR: Age 3 should be with the			220. SIGNATURE	the of	assiper		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF D	22b. DATE:	SIGNED	77
FRAL or, page of, page of, page of the first pag	/		22c. PHYSICIAN'S NAME (Type)			MARRISU	W C	Earten,	May .	laur		
Page 4 I	0		BURIAL (REMATION, REMOVAL (Specify)	23b. DATE THE 3/15/		(herry Hi	u	23d. 10	CATION (City or To			(Stote)

VR A15 (4) 20 M 1/66

herry Hill

ADDRESS

CASTON, Mol 24. FUNERAL DIRECTOR

THE HILDER BY STATESTING A THE SAME OF THE COURSE The same of the sa and a state of the

Control of Control of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	04257	j	C	ERTIFICATE	OF DEATH		04259
	1. PLACE OF DEATH o. COUNTY	110+		MARYLAND	o. STATE Mary	Where deceosed lived, if institution Land b. COUNT	n: Residence before odmission) y Dorchester
	write RURAL an	If outside corporate limits d give nearest town)	c. LENGTH	of STAY IN 16	c. CITY OR TOWN (If or Cambrid	atside corporate limits, write RURA	NL ond give neorest town) O9-2
,	M	AL OR INSTITUTION (IF no	in hospitol, give street od	dress)	d. STREET ADDRESS 416 Mar	yland Avenue	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Chi	issie L	ohg -	helling	4. DATE Month OF 3	Doy Year 1 5 - 19 6 7 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
	s. sex Female	6. COLOR OR RACE White	WIDOWED 🛣	DIVORCED	Jan. 5, 18	12 yrs.	Months Doys Hours Min.
	10o. USUAL OCCUPATION during most of working Housew	(Give kind of work done life, even if retired)	10b. KIND OF BUSIN INDUSTRY Home	ESS OR	11. BIRTHPLACE (County Ringtown	& Stote, or foreign country) , Penna	12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME	unk			14. MOTHER'S MAIDEN unk	NAME	
	1S. WAS DECEASED EV (Yes, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dates o	service) 16. SOCIAL SECUR		Robert Sne	Addres elling, Cambrid	
		EATH (Enter only one cour TH WAS CAUSED BY: IMMEDIATE CAUSE	e per line for (o), (b), ond	(c).)	erry us of a	eldranial don	INTERVAL BETWEEN ONSET AND DEATH
	45 / Conditions, if ony		10 les to	alles	clerani		(3)
	rise to immedio stoting the under lost.	rlying couse DUE	(c)				
7	PART II. OTHER S	ignificant conditions co	77 - 67	not related to the		notition given in part 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	C (IE FITHED NOTIEV	S UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW	INJURY OCCURRED. (I	Enter noture of injury in	Port I or Port II of item 18.)	
	20c. TIME OF INJ Hour o.	10	20d. INJURY OCCUR While Not WI of work of wo	nile focto	E OF INJURY (Home, form ry, street, office bldg., etc.		(County) (State)
	saw the d	eceased alive an 1	oital) attended the de	ceased fram	death occurred at	2 2 M, from causes o	, 1947 , that (I) (we) last nd an the dote stated above.
	220. SIGNATURE	us tru Han	uj Mu	M.D		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 18 Mar 67
1	22c. PHYSICIAN'S NAME (Type				22d. ADDRESS	fre lang law	L
	230. BURIAL, CREMATI BURIAL Specifi	on, 23b. DATE THE Jan 20		of CEMETERY OR C hester Me	morial Park		, , , , , , , , , , , , , , , , , , , ,
	24. FUNERAL DIRECTO	++	ADD STATE IN	obsider.	MAR 2	wil.	ISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) V 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours,

Page 4 moy be retained by the hospitol or attending physicion.

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	OF DEATH					2. USUAL RESIDE	NCE (Where de	eceased lived, i		esidence befo	are admission)
a. COU	Talbo	+		MARYLA	AND	a. STATE	D.		b. COUNTY	TALK	07
	OR TOWN (If autside car		c. Ja	NGTH OF STAY IN	1b	c. CITY OR TOWN	(If autside co	rparate limits, v	vrite RURAL a	nd give neare	est town)
1	=aston		6	days	ノ	EA	510	N		20	-/
d. NAN	E OF HOSPITAL OR INSTIT		" " L	1		d. STREET ADDRE	SS				e. IS RESIDENCE ON A FARM?
	Memoria	1 1	ospila			DON	6/2				YES NO
3. NAME DECEA (Type	SEDANNA Sor print)	First	e	Middle	Ta	last	4. DA OF DE		Manth 3	Do	6 1967
S. SEX	6. COLOR (OR RACE 7. N	MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH	1001	9. AGE (In		UNDER 1 YEAR	
1	NE	120 W	IDOWED 🔀	DIVORCED	DA	46,3	1871	15	yrs.		
	L OCCUPATION (Give kind o st af warking life, even if re		10b. KIND OF INDUSTRY			11. BIRTHPLACE (Caunty & State	ar fareign count	ry)	12. CITIZEN C	OF WHAT
	POMPS	Tic	11100111			MANNE	ABUMD	MARY	LAND	K	54
13. FATH	ER'S NAME	n A.	- D.	00		14. MOTHER'S MA	AIDEN NAME	11/	. 1	171	2
- F	NWA191	(5A)	16. SOCIAL	CCCUDITY NO	17 IAI	FORMANT	1 E	1-61	Address	1190	NEM
	DECEASED EVER IN U.S. ARM or unknown) (If yes give v			SECURITY NO.	11. 11	190L	1 /	4.10	Address	- 00	2 6 18
135			1240	-0+7/ci	1//1/	4/1511	A LO	4150	7	OPP	NTERVAL BETWEEN
IB.	PART I. DEATH WAS CAUS	SED BY:	r line for (a), (b), ond (c).) =	,				2		NSET AND DEATH
	4200 IMME	DUE TO	1	1000		0	-			700	-
	itians, if any, which gave		luan	ue all	ter	spele	coli	e car	dia	ex	
	o immediate couse (o), ng the underlying cause		Will a	0	1						
last.	ing the ordertying coose	(c) <	ren	eel c	7.						
PART	II. OTHER SIGNIFICANT CO	ONDITIONS CONTRI	BUTING TO DEA	TH BUT NOT RELAT	ED TO TH	E TERMINAL DISEA	ASE CONDITION	GIVEN IN PART	1(a)	15	9. WAS AUTOPSY PERFORMED?
O LATIO	Pronie	hail	ene	new	al d	card	ral				YES NO
	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF		205. DESCRIBE	HOW INJURY OCCU	URRED. (E	nter nature af inj	ury in Part I o	Part II of item	18.)		
	THER, NOTIFY MEDICAL EXA										
WEDICAL 20c.	TIME OF INJURY Manth, Hour a.m.	Day, Yeor	20d. INJURY	OCCURRED 2 Not While		OF INJURY (Hom y, street, office bld		Of. (City ar	town)	(County)	(State)
	p.m.	19	at wark 🗀	at wark				,			
	21. I certify that (1) saw the deceased a) attended t			death accurre	ed at 91%	, ta M, fram (auses and		that (I) (we) la ate stated abav
220	SIGNATURE	2/10	1.00	1/1		ATTENDING	MED.	C STA		22b. DATE SIG	NED
X	1/1////	1/10	CYC		M.D.	PHYS.	DIRECTO	OR PH	rs. 🗆 🗂	3-11	4/2
228.	PHYSICIAN'S NAME (Type)	ym	1/rec	exer	S	22d. ADDRES	me	che	eck	in	10
23o. BUR	IAL, CREMATION, 23	Bb. DATE THEREOF		NAME OF CEMPTE	ERY OR CR	n :-		. LOCATION (C	ty or Town)	(Coun	ty) (Stote)
	QVAL (Specify)	3-18-	67 1	ichar	do C	emeter		aste		aller	mayle
24. FUN	ERAL DIRECTOR	_ /	2001	ADDRESS	- 0 -		. REC'D BY RE		2Sb. REGISTR	RAR'S SIGNATI	URE
6	156 I	JORG.	istly.	426 DOVE	R S	DA DA	AAR 2 1	1967	yua	res y	noge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de Page 4 may be retained by the haspital ar attending physician.

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	04250	CERTIFICATE	OF DEATH		14261
1.	PLACE OF DEATH TO CLOUT	MARYLAND	2. USUAL RESIDENCE (Who	ere deceosed lived, if institution b. COUNT	
	b. CITY DR TOWN (If outside corporate limits, write RHRAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IT outsi	de corporate limits, Arite RURA	aeville17
78'	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print) White Diagrams	Etalles o	Leat	A. DATE Month OF DEATH	2/ Doy Year, 1967
4	MALE NEGRO WIL	ARRIEO NEVER MARRIEO 8. DOWED DIVORCED 8.	AACH 31, 18	-91 Jost birthdoy) J G yrs.	IF UNDER 1 YEAR IF UNDER 24 HR: Months Doys Hours Min.
dui	b. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & S	NNA- MD.	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAME CHARLES EDWA. WAS DECEASED EVER IN U.S. ARMED FORCES?	AD TEAT	EMM IFORMANT	A AND Address	J DEDA
(Y	es, no, or unknown) (If yes give wor or dotes of service	218-30-1009	ISAlah	H. Teat -	Centreville
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).)	y the S	load	INTERVAL BETWEEN DNSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse				o no.
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONOI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIOENT WAS UNOERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY DCCURRED. (E	inter noture of injury in Por	t I or Port II of item 18.)	7
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) saw the deceased alive an		death accurred at	M, fram causes a	nd an the date stated aba
	220. SIGNATURE B. C	Q J		ED. STAFF PHYS.	22b. OATE SIGNED
1	22c. PHYSICIAN'S NAME (Type) Arthur B. Ce		Easton,		
)	o. BURIAL, CREMATION, REMOVAL (Specify) 13 4 14 14 14 14 14 14 14 14 14 14 14 14 1	23c. NAME OF CEMETERY OR CO	REMATORY LL P 2So. REC'D B	BUALL VILL	(County) (Stote)
1	Lever to Varhe	& Eaten my	MAR 2		arles Judge.

The control of the co . 500 , 400 50.00 Telepomin D. Scotl, dr.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04260 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Page ₽ death. MARYLAND delay State Deportment CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) ond PM3. write RURAL and give negrest town) after MICHAELS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in, hospital, give street address) hours (farm in pencil in Item 18. Give Poges 1, NO This certificate shauld be executed within 24 hours after death. the Chief Medical Exominer's Office along with NAME OF Middle 4. DATE Month Lost Year DECEASED 0F 工生 the DEATH (Type or print) with AGE (In years IF UNDER YEAR IF UNDER 6. COLOR OR RACE 7/MARRIED 8. DATE OF BIRTH **NEVER MARRIED** last birthdoy) Hours WIDOWED DIVORCED lond 2 event 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY LA any 8 pages = File ond IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. permit. (If yes give wor or dotes of service or removal, pending 18. CAUSE OF DEATH (Enter only one couse INTERVAL BETWEEN for (o), (b), ond burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH neumonia IMMEDIATE CAUSE (o) writing the ward buriol, cremotion, **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), forworded to DUE TO o stoting the underlying couse lost. 00 used WAS AUTOPS' PERFORMED? SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) pleose execute the certificate, prior to pe . DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port) or Port II of item 18.) 20o. EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING pluods AL EXAMINER: CAUSE OF DEATH. its designated ogent, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) Your FUNERAL DIRECTOR: Page at work of work the funeral directar. Page 21. I certify that I took charge af the remains described above, held an Autapsy Inspection tor Inquiry and in my apinian death resulted fram. Natural causes Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER O DEPUTY ME 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** may Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF BURIAL CREMATION

VR A15ME (5)

FUNERAL DIRECTOR

NAME OF CEMETERY

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE